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(FILE 'HOME' ENTERED AT 17:05:50 ON 25 JAN 2005)

FILE 'BIOSIS, CAPLUS, EMBASE, MEDLINE, CANCERLIT, JAPIO' ENTERED AT 17:06:05 ON 25 JAN 2005

L1 26 S (COMPLEMENT C3) AND (INSULIN RESISTANCE)
L2 16 DUPLICATE REMOVE L1 (10 DUPLICATES REMOVED)

L3 4 S L2 AND MARKER?

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(FILE 'HOME' ENTERED AT 17:05:50 ON 25 JAN 2005)

FILE 'BIOSIS, CAPLUS, EMBASE, MEDLINE, CANCERLIT, JAPIO' ENTERED AT 17:06:05 ON 25 JAN 2005

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L1 2	26	S	(COMPLEMENT	C3)	AND	(INSULIN	RESISTANCE)
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FILE 'BIOSIS, CAPLUS, EMBASE, MEDLINE, CANCERLIT, JAPIO' ENTERED AT 17:06:05 ON 25 JAN 2005

26 S (COMPLEMENT C3) AND (INSULIN RESISTANCE)

16 DUPLICATE REMOVE L1 (10 DUPLICATES REMOVED)

L3 4 S L2 AND MARKER?

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L1

L2

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ANSWER 2 OF 4 CAPLUS COPYRIGHT 2005 ACS on STN
     2004:708363 CAPLUS
     141:329868
     Entered STN: 31 Aug 2004
ED
     Inflammation, insulin resistance, and adiposity: A
TI
     study of first-degree relatives of type 2 diabetic subjects
     Kriketos, Adamandia D.; Greenfield, Jerry R.; Peake, Phil W.; Furler,
ΑU
     Stuart M.; Denyer, Gareth S.; Charlesworth, John A.; Campbell, Lesley V.
     Diabetes and Obesity Research Program, Garvan Institute of Medical
CS
     Research, Sydney, Australia
     Diabetes Care (2004), 27(8), 2033-2040
SO
     CODEN: DICAD2; ISSN: 0149-5992
PB
     American Diabetes Association, Inc.
DT
     Journal
LA
     English
     14-8 (Mammalian Pathological Biochemistry)
CC
     OBJECTIVE - Inflammatory markers such as C-reactive protein
AB
     (CRP) are associated with insulin resistance, adiposity,
     and type 2 diabetes. Whether inflammation causes insulin
     resistance or is an epiphenomenon of obesity remains unresolved.
     We aimed to determine whether first-degree relatives of type 2 diabetic
     subjects differ in insulin sensitivity from control subjects without a
     family history of diabetes, whether first-degree relatives of type 2
     diabetic subjects and control subjects differ in CRP, adiponectin, and
     complement levels, and whether CRP is related to insulin sensitivity
     independently of adiposity. RESEARCH DESIGN AND METHODS - We studied 19
     young normoglycemic nonobese first-degree relatives of type 2 diabetic
     subjects and 22 control subjects who were similar for age, sex, and BMI.
     Insulin sensitivity (glucose infusion rate [GIR]) was measured by the
     euglycemic-hyperinsulinemic clamp. Dual-energy x-ray absorptiometry determined
     total and abdominal adiposity. Magnetic resonance imaging measured
     abdominal adipose tissue vols. RESULTS - First-degree relatives of type 2
     diabetic subjects had a 20% lower GIR than the control group (51.8±3.9
     vs. 64.9\pm4.6 \mu mol \cdot min-1 \cdot kg fat-free mass-1, P =
     0.04). However, first-degree relatives of subjects with type 2 diabetes
     and those without a family history of diabetes had normal and comparable
     levels of CRP, adiponectin, and complement proteins. When the cohort was
     examined as a whole, CRP was inversely related to GIR (r = -0.33, P = 0.04)
     and adiponectin (r = -0.34, P = 0.03) and pos. related to adiposity (P < 0.03)
     0.04). However, CRP was not related to GIR independently of fat mass.
     contrast to C3 (r = 0.41, P = 0.009) and factor B (r = 0.43, P = 0.005),
     CRP was unrelated to factor D. CONCLUSIONS - The insulin-resistant state
     is not associated with changes in inflammatory markers or
     complement proteins in subjects at high risk of type 2 diabetes.
     study confirms a strong relationship between CRP and fat mass. Increasing
     adiposity and insulin resistance may interact to raise
     CRP levels.
ST
     inflammation insulin resistance adiponectin adiposity
     diabetes risk; adiponectin C reactive protein diabetes
IT
     Proteins
     RL: BSU (Biological study, unclassified); DGN (Diagnostic use); BIOL
     (Biological study); USES (Uses)
        (C-reactive, inflammatory marker; inflammation,
        insulin resistance, and adiposity in first-degree
        relatives of type 2 diabetic subjects)
TT
     Cytokines
     RL: BSU (Biological study, unclassified); DGN (Diagnostic use); BIOL
     (Biological study); USES (Uses)
        (adiponectin; inflammation, insulin resistance, and
        adiposity in first-degree relatives of type 2 diabetic subjects)
TΤ
     Biomarkers (biological responses)
     Obesity
     Risk assessment
```

```
(inflammation, insulin resistance, and adiposity in
        first-degree relatives of type 2 diabetic subjects)
IT
    Diabetes mellitus
        (non-insulin-dependent; inflammation, insulin
        resistance, and adiposity in first-degree relatives of type 2
        diabetic subjects)
IT
     80295-32-5, Complement C1
                                 80295-41-6, Complement C3
     80295-48-3, Complement C4
     RL: BSU (Biological study, unclassified); DGN (Diagnostic use); BIOL
     (Biological study); USES (Uses)
        (inflammation, insulin resistance, and adiposity in
        first-degree relatives of type 2 diabetic subjects)
     9004-10-8, Insulin, biological studies
IT
    RL: BSU (Biological study, unclassified); BIOL (Biological study)
        (resistance; inflammation, insulin resistance, and
        adiposity in first-degree relatives of type 2 diabetic subjects)
              THERE ARE 51 CITED REFERENCES AVAILABLE FOR THIS RECORD
RE.CNT
RE
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     Biomarkers (biological responses)
     Human
     Obesity
     Risk assessment
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